

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	<i>32</i>	<i>11/15</i>
<b>FORMALITY REVIEW</b>	<i>FR</i>	<i>1016</i>	<i>11/20/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>RF</i>	<i>1127</i>	<i>06/21/02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		4/4/02
2	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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